



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab RD, Suite 3G

City: Indianapolis

County: Indiana

Administrator Name: Mark Poulson

Administrator Email: mpoulson@Amsurg.com

ASC Web Address: <https://www.northsidegastro.com/>

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8251	10307
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
E45380	2977	
E45385	2902	
E43239	1909	
E45378	1210	
E43450	501	
E43235	227	
EG0105	187	

E45381	116
EG0121	85
E43251	62

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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